

WOODFORD COUNTY FISCAL COURT NET PROFITS LICENSE FEE RETURN

Name and Address of Business _____

ACCOUNT NO. _____

CALENDAR/FISCAL YEAR ENDED

MONTH _____

DAY _____

YEAR _____

OFFICE HOURS:
8:00-5:00
MON - FRI

DUE DATE

INDICATE ANY NAME OR ADDRESS CHANGE ABOVE

(859) 873-5701

Attach a copy of Federal Tax Return used as basis of License Fee

QUESTIONS (ANSWER IN FULL)

1. Nature of Business _____
2. Date Business Started in Woodford County _____
3. If Business was Discontinued, State When _____
Dissolution ☐ or Sale ☐ If by sale, give Name and Address of successor _____

4. Did you have employees in Woodford County? ☐ Yes ☐ No
5. Basis upon which tax return is prepared ☐ Cash ☐ Accrual
6. Business Type: ☐ C-Corp ☐ S-Corp ☐ Partnership ☐ Sole-Prop.
☐ Fiduciary ☐ Other (Specify) _____
7. Has the IRS changed the Net Income as originally reported for any prior year? ☐ No ☐ Yes (Attach Schedule of Changes for each year)

SCHEDULE A

ANNUAL PAYROLL

PAYROLL _____

RATE X 1.50%

AMOUNT DUE _____

Make checks payable and mail to:
WOODFORD COUNTY FISCAL COURT
103 SOUTH MAIN ST ROOM 201
VERSAILLES KY 40383
Phone Number (859) 873-5701

1. NET Business income per Federal Tax Return
2. ADD Items not Deductible (Line F, Schedule B Below)
3. TOTAL (Line 1 Plus Line 2)
4. DEDUCT Items not subject (Line L, Schedule B)
5. ADJUSTED NET BUSINESS INCOME (Line 3 less Line 4)
6. If Sch. C (line 4) is used enter here AVERAGE PERCENTAGE
7. NET PROFITS subject to License Fee (Line 5 x Line 6)
8. Prior year adjustments
9. ADJUSTED NET PROFITS (Line 7 less Line 8) If less than "0" enter "NONE"
10. License Fee - **1.5000%** of line 9
11. Interest - **6.00 %** per annum
12. Penalty - **10.00 %**
13. Total (Lines 10+11+12)
14. Less Credits - () ESTIMATE () OTHER
15. BALANCE DUE (Line 13 less Line 14 plus Farmer's Payroll)
16. If estimate overpaid Indicate () Refund or () Credit

SCHEDULE B

NOTE: ADD AND OR DEDUCT ONLY THOSE ITEMS WHICH ARE INCLUDED IN CALCULATING 1 INCOME PER FEDERAL RETURN

ITEMS NOT DEDUCTIBLE - ADD

ITEMS NOT SUBJECT - DEDUCT

- A. State or Local taxes based on income
- B. Gain or loss on sales of business property
- C. Net operating Loss Deduction
- D. Additions from Schedule K
- E. _____
- F. TOTAL ADDITIONS (enter on line 4)

- G. Alcohol Beverage Sales Deduction
- H. Subtractions from Sched K and Rental Sched
- I. Local Adjustments
- J. _____
- K. _____
- L. TOTAL DEDUCTIONS (enter on line 4)

SCHEDULE C

ALLOCATION FACTORS

1. Total Gross Business Receipts
2. Total Wages, Salaries and Other Personal Service
3. TOTAL PERCENTS
4. AVERAGE PERCENTAGE (Line 3 divided by number of percents).....Enter on line 6

Woodford	Total	Percent

I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.

Signed _____ Title _____ Date _____

THIS RETURN IS DUE ON OR BEFORE APRIL 15, FOR THE CALENDAR YEAR OR WITHIN 105 DAYS OF THE END OF YOUR FISCAL YEAR

